FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 9472

2 Fiscal Year Covered From

1 / 1 / 2004 Through 12 / 31 / 2004

3 Name and address of person filing

Name GERALD J BYRNE

P O Box, Bldg , Room No , if any Rm. 330

Street 4415 W. HARRISON ST.

City HILLSIDE

State ILLINOIS   ZIP Code + 4 60162

4 Name, file number, and address of labor organization

Name Local #9 IBEW

Labor Organization File Number 015919

P O. Box, Building and Room Number, if any RM 330

Street 4415 W. HARRISON

City HILLSIDE

State IL.   ZIP Code + 4 60162

5 Position in labor organization

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg , Room No , if any

Street

City

State   ZIP Code + 4

7 a Nature of Interest, Transaction, or Income.

7 b Amount

Signature

15. Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed *Gerald J. Byrne*

On 8-12-05
Date

708-449-9000
Telephone Number